

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 24, 2003

**Re: IRO Case # M2-03-1495**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 33-year-old male who on \_\_\_ developed back pain after lifting a 256 pound crate with the help of another worker. On 8/3/98 the patient underwent a lumbar laminectomy with decompression and disk herniation removal. Because of recurrent disk rupture, a repeat operation on the same level was performed on 8/13/99. The patient's pain continued and on 1/17/00 decompressive laminectomy and interbody fusion were performed at the L4-5 level. On 5/23/01 more decompression was carried out along with a posterior lateral fusion at the same level, and another surgical procedure was performed on 6/6/01. It is noted in the records presented for this review that the patient told one examiner that he did not

want any more surgery. The patient continues to have pain in his back and into his lower extremities. A CT scan on 4/9/02 shows chronic changes at L3-4, L5-S1 and scar formation in association with disk fusion at L4-5.

Requested Service(s)

Lumbar discogram

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

Concordant pain production, which is the major diagnostic feature of discography, is generally not reliable in a patient who had had multiple operations on the lumbar spine. It is likely that discographic evaluation in this patient would produce concordant pain at all levels of the lumbar spine, which would not be helpful in determining the next therapeutic step. Further, as the patient has indicated that he does not desire more surgical procedures, it would not benefit the patient to have a major test to indicate the necessity of a surgical procedure. In addition, with the patient continuing to have lower extremity discomfort, a test such as a CT myelogram might be more helpful in reaching conclusions about something surgically therapeutic, if the patient were to desire further surgery.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to:  
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,  
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 28<sup>th</sup> day of July 2003.